magical formulae and incantations (khāthā cf. Textor 1960:80-88; 67-79). It was one of the branches of occultism (saiyasāt [Mcf. 1940:895]), the ancient science which sought by magical means to control the forces of the heavens and of earth and to manipulate them in behalf of man's interests and enterprises, whether economic, aesthetic, personal, or other. Some of the other branches were dancing, singing, the agricultural rites, boxing, boat- and house-building, and the life-cycle rites. This powerful wisdom was contained in sacred books at the Buddhist temple where it passed, usually orally, from priest to priest. It could be transmitted away from the temple between men, if they had once been ordained. Its transmission was controlled by ritual teacher-pupil relations, and its use by formal request through presentation of a sacred offering, the khwan khāo (cf. Dūan's Tale p.44). Unauthorized magic did not work because it was not validated by its supernatural discoverer; improper ritual behavior incurred strong supernatural sanctions. Instruction in magic and its use was free except for the token offerings and coin in the khwan khāo. The only rigid obligation was a public annual homage-to-the-teacher ritual (wai khrū).

The persons authorized to handle any part of saiyasāt were called mō. In the context of medicine, mō was translated "doctor." To keep the modern and ancient traditions separate, we shall use the Thai word "mō" throughout this paper for the practitioner of the ancient occult art, reserving the word "doctor" for physicians trained in modern medicine.

The field of medicine was split into categories or specialties. There were, for instance, the exorcisers of spirits or disease objects (mō phī), and the curers (mō raksā) who made up decoctions particularly for element imbalances. Astrologist-foretellers (mō dū) analysed disturbances due to astral confluences; soul-ceremonialists (mō khwan) carried on the khwan-strengthening rites; and the mō sanē specialized in love and hate magic. On a lower plane were masseurs (mō nūat) and midwives (mō tamyae). No specialist could operate in the field of another unless he had formally acquired that specialty. No limits, though, were set on the number of specialties a person might acquire so that all their lives, mō were open to and seeking new knowledge by pilgrimage, discussion, or visit to a Chinese or modern druggist. The major curing specialties were only in the hands of males, but men and women both practiced the minor branches of midwifery and massaging.[19]

19. A woman medium (khonsong) who cured when possessed by the spirit of a male mō was not entitled to be called mō. Her special circumstances are discussed in "Magic and Maturity."

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in the khwan khaō "gift" handy cash. The income was about 40 to 200 baht ($2.00 to $20.00) per year.

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The duties of a midwife were not time consuming if all went well. There was practically no pre-natal care, and a few hours of care was given for only three days after birth. If complications arose, though, the midwife spent long hours away from home. In fact the husband of one midwife grumbled, "You don't receive anything, and just waste time. Sometimes you stay away over night, and no one watches the house or the children."

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In their social role, midwives felt personal but not group solidarity. A solid bond existed between an older midwife and the particular younger one to whom he or she had given training and magic. Those related by blood or marriage sometimes worked together, and even turned over cases to each other if outside demands became pre-eminent. If in trouble on a case, midwives did not call on each other unless as close, affectionate relatives but turned rather for help from a mō or to the Minburī Health Center. Yet sometimes rivalry was severe. If the family of the parturient felt that no progress was being made with one midwife, they called in another and another. Each did his utmost and then stepped down when it had to be admitted, "My magic is not enough." The final expert who brought mother and baby through before the deposed midwives glowed inwardly with pride and skill and satisfaction that the magic of his particular teacher had proved effective. The sharpness of the competition reverberated through the words, "I pushed the other midwives down." Community standing or "face" was not lost by an unsuccessful case because of the midwives' fundamental role as helpers only, their faith in their own experiences, and again, the conviction that the course of childbirth was merit-determined.

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Though living like other elder citizens of the community, in their social role they were more respected. Known as selfless donors of time and energy for the sake of others, whose successes gave proof of merit and nurturing capacity, they were viewed as assets to the community. In spite of competition considerable affection was evident between some. They were elders before a sea of youth, old friends who had for years lived and farmed side by side, met at ceremonies, and shared many experiences.

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If the case were in difficulty sometimes a mō was called, sometimes a midwife or even both. What was the nature of their respective specialties? What in fact made certain midwives "professionals" (tham ăchīp [Mo.F. 990]) when others who had equal or more experience were not so considered?

The Role of the Mɔ̄

• 756 844 A mɔ̄ never delivered the baby and never even touched a woman in labor, for this was not part of his specialty. If labor were slow, or weakness were setting in, he came to give a decoction to raise the fire element within the body, speed up the winds and so strengthen the contractions. He also gave holy water for general strength and to clear out, if such there were, any obstructing spirit or magical disease object like khuh. Because of his experience, though, he might stand beside the midwife or other woman instructing; for instance, "Pull now!" "Watch out for the eyes!" His advice was more often sought after childbirth if fever or swollen body were in evidence, for these were the results of "inadequate outflow of blood and fishy-water." Because they were called in case of debility, the mɔ̄ were the ones who suggested when it was advisable to send a parturient to the Minburi Health Center.

756 84 No priest-mɔ̄ was ever called for childbirth because of the contact with a woman's genital area, though they were consulted on menstrual and pre-natal irregularities.

759 The Specialty of the Midwife

[192] Midwives were called mɔ̄ tamyaa (doctor-expert-in-occultism; pounding, as in a mortar [McF. 365] crouching, [McF. 682]). There were 4 or 5 women, both Buddhist and Muslim, and 2 or 3 Buddhist men, who had delivered 100 or so babies apiece. They ranged in age from 50 to 70. Dozens of women had delivered babies one or more times but were not accorded the title of midwife.

759 845 The foundation of their specialty was a greater than usual manual skill, developed over long experience. "We have only our hands," said one woman. The more expert could handle certain mal-positions, and did not hesitate, but only with permission, to put the hand into the vagina to turn the baby or "unstop the blood." They were better judges of the progress of labor, whether normal or slow, and of the symptoms of debility. They were more likely to keep calm in the face of extreme suffering where the parturient's relatives, over-eager in their desire to help, sometimes inflicted

sacred books were inherited by males.

In the light of this definition, only the 2 or 3 males were true professional midwives. They gave elaborate annual ceremonies of homage to their teachers (wai khrŭ) attended by all the persons who had profited from the teacher's magic that year. However, all the male midwives were also fully qualified mɔ̌. Their ceremonies were large because they were dedicated to the teachers of their curing powers as well as midwifery.

The male midwives, then, were in a somewhat different category than the females. They were mɔ̌ who had, in addition, trained their hands for midwifery as an "extra specialty." Midwifery seems to have been one of the few areas where skilled hands were considered of greater importance than magic. "We have no magic for delivery," said one male midwife, knowing that nothing but merit could guarantee success. Because they had access to the incantations for element and spirit control, and could make holy water, the midwife-mɔ̌ could spare the parturient the necessity of getting in an outside mɔ̌, if such were needed. However, one part of the midwife's job the man could not do. To protect their male powers of invulnerability they were forbidden to wash the woman's clothing. A woman or a female midwife always had to do this. Men also could not provide the female "mystique" particularly related to the khwan and to growth.

However, the community did not adhere to this narrow definition of professionalism, for several of the experienced and competent women, Buddhist and Muslim, behaved as professionals and were accorded the title of mɔ̌ tamyaa. Their magical formulae, being congruent with their female office of promoters of growth and life, were especially effective. Like a mɔ̌ they received the ritual gift of the khwan khăn, hallmark of the possession of occult formulae, which the patient presented to assure the benefits of magical knowledge.[88]

88. This ritual bowl of rice and offerings was never excused even between the closest kin. If forgotten or misused, the "teacher" punished the midwife with pains, and had to be mollified with a food offering. The magical benefits could not be withheld once the khwan khăn had been accepted. It was not accepted if the patient were too near death to be assisted. If the patient died, the whole gift, cash, rice, and all, was given at once to the temple to make merit.

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established midwife who was a "close relative."

Sometimes the interest arose in young people. A girl started at 15 to accompany her mother, a midwife, as helper and delivered her first case alone (an emergency) at 20. A boy of 15 also helped his mother's sister, who was a midwife. Later, when married, he delivered some of his own children, but denied that he ever intended to take up the calling. One young man in his 30's, was seen going "as a team" with a well known old mɔ̄ who directed him in the manual operations but who did not ever touch the woman himself. He also assisted one of the female midwives, but had not yet delivered a baby alone.

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The first child delivered by anyone was always the child of a close kin. Only with success at this first delivery would a person even consider doing it again. The second case, and the next few were confined to the potential midwife's close relatives, children (lūk), grandchildren, and the children of siblings (lān). Thus, the skills were validated within the kin circle before a midwife felt ready to practice outside.[59]

With success, a person of developing skill might be willing to include non-kin in his clientele, i.e. become a professional. One resolved only to help relatives but her "fame spread." As another said, "seeing it was safe, I was encouraged to go on." By this time, magical formulas had been

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59. Daughters-in-law were within the validating circle if circumstances were "convenient"--i.e. if their own mothers did not deliver them and if they lived with their husband's people. No witchcraft was feared between women. A mɔ̄ in his specialty also had to validate his skills within his close kindred before non-kin would call on him. A reputation began at home. [606] [764] [756]

APPENDIX

MUSLIM CUSTOMS IN BANG CHAN

The small Muslim minority in Bang Chan though maintaining its identity, lived scattered through every hamlet, with the heaviest concentration around the mosque at the southern edge of the village. The occasional inter-marriage of Buddhist and Muslim was eventually amicably adjusted to the community and the religion. Some Buddhists manifested a veiled hostility in calling the Muslims "stingy." One said, "Muslims have expensive medicine to induce abortion, after which they might kill the baby. A Buddhist would use this medicine to help deliver, but would not dare take life." The Muslim reputation as a source for powerful magic, especially for love and sorcery, bespeaks some edginess in the relations between the 2 ethnic groups, but Buddhists sometimes sought out the benefit of this magic.

In spite of these separatist tendencies, the Muslims were fully Thai citizens, and participated as equals with the Buddhists in the economic, political and much of the social life. The 2 groups were in many respects interdependent. The Muslims did not object to taking life, so acted as butchers for the Buddhists. Muslims were frequent patients of Buddhist mɔ̄, whether priests or lay. The only Muslim who did a little curing was the To Iman, head of the mosque, but few if any Buddhists came to him for cures. Because every mɔ̄ gave an annual ceremony of homage to his teacher attended by everyone who had benefited from those powers during the year, Muslims and Buddhists met amiably at several large feasts. These festivals were public displays, very competitive in feeling, of the success of the different mɔ̄. One became the largest of the village-wide festivities. Buddhist women attended the Muslim female midwife, teacher-rites, and vice versa. Buddhists and Muslims, especially the prominent families, attended each other's home ceremonies, such as weddings, tonsures, and that part of the ordination held in the home (the tham khwan). Separate kitchens were established at large Buddhist ceremonies so that Muslims could safely adhere to their one dietary regulation, the avoidance of pork. No such arrangements had to be made at Muslim ceremonies for Buddhists had no food taboos, and loved Muslim cooking.

Midwifery was an area of frank, harmonious interchange, with midwives of either religion often attending women of the other. Buddhist male midwives were allowed by the Muslim husbands to attend their wives, though female attendance was preferred. Satisfaction was expressed by Buddhist women over